

School Facility Fee Down Payment Assistance Program

Application Package

for buyers of new homes in California



Affordable Housing is our Business

SCHOOL FACILITY FEE DOWN PAYMENT ASSISTANCE PROGRAM

APPLICATION PACKAGE

Thank you for your inquiry about the School Facility Fee Down Payment Assistance Program available for newly constructed homes.

This application package includes:

Pages

- 1-5** • A description of the two programs applicable for single family homes constructed under a building permit issued on or after January 1, 2002. You may select and apply for only one of the programs for which you and the property are eligible. You may be eligible under certain circumstances to apply for each of the programs, but should attempt to select the program which offers you the most benefit.
- 6-14** • Application form and instructions. The form allows for two applicants. An additional Application has been provided, if needed. Detach from this booklet the perforated forms you need.
- 15** • A checklist of information and items needed along with the application.
- 17-20** • IRS Form 4506 (*Use for Program #2 only*). Detach from this booklet the perforated forms you need.

Please be sure that all forms are filled out completely and all the documents needed with the original application are collected and sent in one complete package. Incomplete packages cannot be processed. You may get help in this process from the Builder/Developer who built the home you are buying, the lender who is processing your mortgage loan, or the escrow or title company handling your escrow. Detach from this booklet the perforated forms you need and send them together with supporting documents to the address below.

Send the completed package to: California Housing Finance Agency
School Facility Fee Down Payment Assistance Program
1121 L Street, 7th Floor
Sacramento, CA 95814

Mailing address:
P. O. Box 4034
Sacramento, CA 95812-4034

Eligible applications are reviewed on a "first come, first served" basis. Once the completed application package has been reviewed, a decision on your eligibility and confirmation of the amount of down payment assistance will be mailed to you at the address on your application. Down payment assistance funds will be credited to your escrow account once a Lien Agreement, provided to the lender listed on your application, is executed and returned to our office.

If you have any questions about the program or this application package, you may call the School Facility Fee Down Payment Assistance Office at 1.877.9.CalHFA (1.877.922.5432) or 916.445.8616.

DOWN PAYMENT ASSISTANCE FOR BUYERS OF NEW HOMES



School Facility Fee Down Payment Assistance Program

Two Different Programs

If you are purchasing a newly constructed home,
one of the following programs may be of interest to you...

PROGRAM #1
Economically Distressed Area

OR

PROGRAM #2
First-time Homebuyer
Moderate Income Limits

If you are purchasing a newly constructed home in California and the building permit for that home was issued after January 1, 2002, you may be entitled to direct down payment assistance. This down payment assistance will come from a partial or full rebate of the local school facility fees paid by the builder when your new home building permit was obtained. Assistance may be used in the loan transaction for things such as down payment, closing costs, upgrades, etc.

This program may be used along with other down payment assistance programs.

This down payment assistance will be credited to your escrow account once a Lien Agreement, provided to the lender listed on your application, is executed and returned to our office.

There are two programs that may qualify you to receive this assistance.

Please read on . . .

PROGRAM #1-- ECONOMICALLY DISTRESSED AREA

Your new home must be located anywhere in one of the counties listed below. This list of counties is subject to change annually, based on rates of unemployment in each county listed below.

Eligible properties include new single family detached homes, town homes and condominium units. Two- to four-unit buildings are excluded. Sales price of the home may not exceed 175% of the average median sales price of homes over the previous five years. (See below for the maximum sales price limits.)

The amount of the down payment assistance will be calculated using a portion of the eligible fees paid as shown in the formula below. If your home is a condominium or other attached unit and the building permit is not issued to individual units, but rather to the building as a whole, the amount of down payment assistance would be apportioned to your unit based on the square footage in the unit as a portion of the larger building.

Assistance may be used in the loan transaction for things such as down payment, closing costs, upgrades, etc.

You must agree to occupy your new home for five years. If owner-occupied for less than five years, you must repay a pro rata share of the down payment assistance based on the number of months of your occupancy. A Lien Agreement is recorded on the property showing this requirement.

Program #1 -- Requirements and Assistance Formula

- County on current year eligible list
- Application -- original
- Building Permit dated on or after January 1, 2002
- School District Certificate of Compliance/
Receipt for fees paid
- Sales Contract signed by buyer and seller showing sales price does not exceed county maximum
- Assistance amount calculation worksheet:
Total of fees approved under Government Code 65995, .5 and .7 (obtain from school district)
\$ _____ (A)
Less Government Code 65995 Subdivision(b)Fees
\$ _____ (B)
A minus B equals

\$ _____ **Amount of Assistance**

EXAMPLE *(Figures used for illustration only):*

Total of Fees approved under Government Code 65995, .5 and .7
\$ 4,950 (A)
Less Government Code 65995 Subdivision (b) Fees
\$ 1,930 (B)
A minus B equals
\$ 3,020 Amount of Assistance

(NOTE: In this program only a portion of the fees paid are eligible.)

Economically Distressed Counties and Respective Maximum Sales Price Limits -- Program #1

This list of counties is subject to change annually, based on rates of unemployment in each county.

County	Sales Price Limits	County	Sales Price Limits
Fresno	\$382,585	Monterey	\$443,950
Imperial	\$308,525	San Joaquin	\$573,913
Kern	\$334,250	Shasta	\$394,363
Kings	\$340,638	Stanislaus	\$507,535
Madera	\$309,050	Tulare	\$313,128
Merced	\$409,570		

PROGRAM #2 -- FIRST-TIME HOMEBUYER - MODERATE INCOME LIMITS

You must be a low or moderate income first-time homebuyer purchasing a new home anywhere in California.

If you have not owned a home which has been your principal residence for the previous three years (as evidenced by copies of your income tax returns), and your income does not exceed the income limits for moderate income, adjusted for family size as listed on Page 5, you would be eligible under this Program.

Eligible properties include new single family detached homes, town homes and condominium units located anywhere in California. Two- to four-unit buildings are excluded.

The amount of the down payment assistance will be calculated by using all of the eligible fees paid as shown in the formula below. If your home is a condominium or other attached unit and the building permit is not issued to individual units, but rather to the building as a whole, the amount of down payment assistance would be apportioned to your unit based on the square footage in the unit as a portion of the larger building.

Assistance may be used in the loan transaction for things such as down payment, closing costs, upgrades, etc.

You must agree to occupy your new home for five years. If owner-occupied for less than five years, you must repay a pro rata share of the down payment assistance based on the number of months of your occupancy. A Lien Agreement is recorded on the property showing this requirement.

Program #2 -- Requirements and Assistance Formula

- No ownership interest in a primary residence in the last three years and within moderate income limits
- Application -- original
- Building Permit dated on or after January 1, 2002
- School District Certificate of Compliance/ Receipt for fees paid
- Current income verification or pay stubs identifying Employer and Employee
- W-2s -- most current year
- 1040 Tax Returns for last three years
- IRS Form 4506 (See Page 17)
- Sales Contract signed by buyer and seller
- Assistance amount calculation worksheet:
Total of Fees approved under any or all of Government Code 65995 Subsection (b), 65995.5 and/or .7 (obtain from school district) equals

\$_____ Amount of Assistance

EXAMPLE *(Figures used for illustration only):*

Total of Fees approved under any or all of Government Code 65995 Subsection (b), 65995.5 and/or .7

\$ 2,000 (A) 65995. Subsection (b)

\$ 316 (B) 65995.5

\$ 0 (C) 65995.7

A plus B plus C equals

\$2,316 Amount of Assistance

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Program #2
First-Time Homebuyer, Moderate Income Limits
As of April, 2006
NUMBER OF PERSONS IN FAMILY

COUNTY	1	2	3	4	5	6	7	
Alameda	\$70,400	\$80,500	\$90,500	\$100,600	\$108,600	\$116,700	\$124,700	\$132,800
Alpine	\$54,300	\$62,000	\$69,800	\$77,500	\$83,700	\$89,900	\$96,100	\$102,300
Amador	\$52,600	\$60,200	\$67,700	\$75,200	\$81,200	\$87,200	\$93,200	\$99,300
Butte	\$42,700	\$48,800	\$54,900	\$61,000	\$65,900	\$70,800	\$75,600	\$80,500
Calaveras	\$48,800	\$55,800	\$62,700	\$69,700	\$75,300	\$80,900	\$86,400	\$92,000
Colusa	\$42,700	\$48,800	\$54,900	\$61,000	\$65,900	\$70,800	\$75,600	\$80,500
Contra Costa	\$70,400	\$80,500	\$90,500	\$100,600	\$108,600	\$116,700	\$124,700	\$132,800
Del Norte	\$42,700	\$48,800	\$54,900	\$61,000	\$65,900	\$70,800	\$75,600	\$80,500
El Dorado	\$55,000	\$62,800	\$70,700	\$78,500	\$84,800	\$91,100	\$97,300	\$103,600
Fresno	\$42,700	\$48,800	\$54,900	\$61,000	\$65,900	\$70,800	\$75,600	\$80,500
Glenn	\$42,700	\$48,800	\$54,900	\$61,000	\$65,900	\$70,800	\$75,600	\$80,500
Humboldt	\$42,700	\$48,800	\$54,900	\$61,000	\$65,900	\$70,800	\$75,600	\$80,500
Imperial	\$42,700	\$48,800	\$54,900	\$61,000	\$65,900	\$70,800	\$75,600	\$80,500
Inyo	\$45,900	\$52,400	\$59,000	\$65,500	\$70,700	\$76,000	\$81,200	\$86,500
Kern	\$42,700	\$48,800	\$54,900	\$61,000	\$65,900	\$70,800	\$75,600	\$80,500
Kings	\$42,700	\$48,800	\$54,900	\$61,000	\$65,900	\$70,800	\$75,600	\$80,500
Lake	\$42,700	\$48,800	\$54,900	\$61,000	\$65,900	\$70,800	\$75,600	\$80,500
Lassen	\$44,100	\$50,400	\$56,700	\$63,000	\$68,000	\$73,100	\$78,100	\$83,200
Los Angeles	\$47,200	\$53,900	\$60,700	\$67,400	\$72,800	\$78,200	\$83,600	\$89,000
Madera	\$42,700	\$48,800	\$54,900	\$61,000	\$65,900	\$70,800	\$75,600	\$80,500
Marin	\$79,800	\$91,200	\$102,600	\$114,000	\$123,100	\$132,200	\$141,400	\$150,500
Mariposa	\$43,100	\$49,300	\$55,400	\$61,600	\$66,500	\$71,500	\$76,400	\$81,300
Mendocino	\$42,900	\$49,000	\$55,200	\$61,300	\$66,200	\$71,100	\$76,000	\$80,900
Merced	\$42,700	\$48,800	\$54,900	\$61,000	\$65,900	\$70,800	\$75,600	\$80,500
Modoc	\$42,700	\$48,800	\$54,900	\$61,000	\$65,900	\$70,800	\$75,600	\$80,500
Mono	\$52,200	\$59,600	\$67,100	\$74,500	\$80,500	\$86,400	\$92,400	\$98,300
Monterey	\$52,200	\$59,700	\$67,100	\$74,600	\$80,600	\$86,500	\$92,500	\$98,500
Napa	\$63,000	\$72,000	\$81,000	\$90,000	\$97,200	\$104,400	\$111,600	\$118,800
Nevada	\$53,900	\$61,600	\$69,300	\$77,000	\$83,200	\$89,300	\$95,500	\$101,600
Orange	\$65,800	\$75,200	\$84,600	\$94,000	\$101,500	\$109,000	\$116,600	\$124,100
Placer	\$55,000	\$62,800	\$70,700	\$78,500	\$84,800	\$91,100	\$97,300	\$103,600
Plumas	\$47,000	\$53,700	\$60,400	\$67,100	\$72,500	\$77,800	\$83,200	\$88,600
Riverside	\$48,300	\$55,200	\$62,100	\$69,000	\$74,500	\$80,000	\$85,600	\$91,100
Sacramento	\$55,000	\$62,800	\$70,700	\$78,500	\$84,800	\$91,100	\$97,300	\$103,600
San Benito	\$62,200	\$71,100	\$80,000	\$88,900	\$96,000	\$103,100	\$110,200	\$117,300
San Bernardino	\$48,300	\$55,200	\$62,100	\$69,000	\$74,500	\$80,000	\$85,600	\$91,100
San Diego	\$54,500	\$62,300	\$70,100	\$77,900	\$84,100	\$90,400	\$96,600	\$102,800
San Francisco	\$79,800	\$91,200	\$102,600	\$114,000	\$123,100	\$132,200	\$141,400	\$150,500
San Joaquin	\$48,000	\$54,800	\$61,700	\$68,500	\$74,000	\$79,500	\$84,900	\$90,400
San Luis Obispo	\$53,600	\$61,300	\$68,900	\$76,600	\$82,700	\$88,900	\$95,000	\$101,100
San Mateo	\$79,800	\$91,200	\$102,600	\$114,000	\$123,100	\$132,200	\$141,400	\$150,500
Santa Barbara	\$55,300	\$63,200	\$71,100	\$79,000	\$85,300	\$91,600	\$98,000	\$104,300
Santa Clara	\$88,600	\$101,300	\$113,900	\$126,600	\$136,700	\$146,900	\$157,000	\$167,100
Santa Cruz	\$63,300	\$72,300	\$81,400	\$90,400	\$97,600	\$104,900	\$112,100	\$119,300
Shasta	\$42,700	\$48,800	\$54,900	\$61,000	\$65,900	\$70,800	\$75,600	\$80,500
Sierra	\$42,700	\$48,800	\$54,900	\$61,000	\$65,900	\$70,800	\$75,600	\$80,500
Siskiyou	\$42,700	\$48,800	\$54,900	\$61,000	\$65,900	\$70,800	\$75,600	\$80,500
Solano	\$62,200	\$71,000	\$79,900	\$88,800	\$95,900	\$103,000	\$110,100	\$117,200
Sonoma	\$63,100	\$72,100	\$81,100	\$90,100	\$97,300	\$104,500	\$111,700	\$118,900
Stanislaus	\$45,700	\$52,200	\$58,800	\$65,300	\$70,500	\$75,700	\$81,000	\$86,200
Sutter	\$42,700	\$48,800	\$54,900	\$61,000	\$65,900	\$70,800	\$75,600	\$80,500
Tehama	\$42,700	\$48,800	\$54,900	\$61,000	\$65,900	\$70,800	\$75,600	\$80,500
Trinity	\$42,700	\$48,800	\$54,900	\$61,000	\$65,900	\$70,800	\$75,600	\$80,500
Tulare	\$42,700	\$48,800	\$54,900	\$61,000	\$65,900	\$70,800	\$75,600	\$80,500
Tuolumne	\$45,500	\$52,000	\$58,500	\$65,000	\$70,200	\$75,400	\$80,600	\$85,800
Ventura	\$66,800	\$76,300	\$85,900	\$95,400	\$103,000	\$110,700	\$118,300	\$125,900
Yolo	\$52,000	\$59,400	\$66,900	\$74,300	\$80,200	\$86,200	\$92,100	\$98,100
Yuba	\$42,700	\$48,800	\$54,900	\$61,000	\$65,900	\$70,800	\$75,600	\$80,500

**Instructions for completing the Application
for the School Facility Fee Down Payment Assistance Program**

(NOTE: All sections must be completed.)

APPLICATIONS INSTRUCTIONS:

Section A

You should be able to get help to determine the Assistance Program you can apply for and the Amount of Assistance you are eligible for from your builder or developer. You can also use the calculation guide on the Application Checklist (see Page 15). Check the box for only one of the two Programs and enter the dollar amount requested.

Section B

Print or type your name, social security number (SSN), current mailing address, and telephone number in the spaces provided for both you and the co-purchaser.

Complete the **Questionnaire** for each purchaser listed beside each name.

Use a separate Application Form for additional purchasers of the same property, and attach it to your application.

Enter the number of people who will be living in the property being purchased.

Enter the gross annual income for yourself, and also any co-purchaser.

Optional: Review the information dealing with the race and ethnicity information. Enter the information you choose by checking the box for both the purchaser and any co-purchaser.



APPLICATION
SCHOOL FACILITY FEE DOWN PAYMENT ASSISTANCE PROGRAM

Section A	Assistance Program Applied for: #1 <input type="checkbox"/> Economically Distressed Area #2 <input type="checkbox"/> First-Time Moderate Income Homebuyer Amount of Assistance Requested: \$ _____																														
Section B	<div style="margin-bottom: 10px;"> Purchaser Information Purchaser's Name _____ SSN _____ Present Mailing Address Street _____ City _____ State _____ Zip _____ Phone Numbers _____ Work Home </div> <div> Co-Purchaser's Name _____ SSN _____ Present Mailing Address Street _____ City _____ State _____ Zip _____ Phone Numbers _____ Work Home </div>	<table style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Questionnaire</th><th style="text-align: center;">Yes</th><th style="text-align: center;">No</th></tr> </thead> <tbody> <tr> <td colspan="3">Purchaser:</td></tr> <tr> <td>Do you intend to occupy the property as your primary residence?</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr> <td>Have you had ownership interest in a property in the last three years?</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr> <td>If yes, did you occupy the property?</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr> <td colspan="3">Co-Purchaser:</td></tr> <tr> <td>Do you intend to occupy the property as your primary residence?</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr> <td>Have you had ownership interest in a property in the last three years?</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr> <td>If yes, did you occupy the property?</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>			Questionnaire	Yes	No	Purchaser:			Do you intend to occupy the property as your primary residence?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had ownership interest in a property in the last three years?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, did you occupy the property?	<input type="checkbox"/>	<input type="checkbox"/>	Co-Purchaser:			Do you intend to occupy the property as your primary residence?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had ownership interest in a property in the last three years?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, did you occupy the property?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, did you occupy the property?	<input type="checkbox"/>	<input type="checkbox"/>																													
<p>Occupants Total number of persons who will occupy the purchased property </p> <p>Purchaser Income Total Gross Annual Income \$</p> <p>Co-Purchaser Income Total Gross Annual Income \$</p>																															
<p>Race, National Origin & Ethnicity: The following information is requested by the Federal Government for certain types of transactions related to a dwelling in order to monitor the Agency's compliance with fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that an agency may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, the Agency will note race and sex on the basis of visual observation or surname. If you do not wish to furnish this information, please check the box below.</p> <p>Purchaser</p> <p> <input type="checkbox"/> I do not wish to furnish this information <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino Asian: <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Other Native Hawaiian or Other Pacific Islander: <input type="checkbox"/> Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Filipino <input type="checkbox"/> Other </p> <p>Co-Purchaser</p> <p> <input type="checkbox"/> I do not wish to furnish this information <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino Asian: <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Other Native Hawaiian or Other Pacific Islander: <input type="checkbox"/> Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Filipino <input type="checkbox"/> Other </p>																															

Instructions for completing the Application for the School Facility Fee Down Payment Assistance Program

Applications Instructions continued:

Section C

Enter the Sales Price from your Sales Purchase Contract.

Type of Property: Check the box that represents the type of property you are purchasing and enter the square foot size of the home. This figure may be obtained from the sales purchase contract, appraisal or builder/developer plans.

Property Address: Print or type the exact address of the property being purchased, including the county in which the property is located.

Provide the names and addresses of the builder/developer, lender, self-help agency (if applicable), and title/escrow company.

School District(s): Enter the name of one or more School Districts participating in the School Facility Fee Down Payment Assistance Program.

Section D

All Purchaser/Applicants are to read the applicant declaration and acknowledgement, and then sign and date the application. Applications must be submitted with Original Signatures.

Section E

The builder/developer, escrow/title company or the lender who is processing your purchase loan application must verify the original documents you use to prove your identity. The builder/developer, escrow/title company or the lender must sign the verification in **Section E** of this application.

What to Send With this Original Application:

Detach from this booklet the perforated forms you need and send them together with supporting documents to the address below. There is a Checklist on Page 15 for each of the two Down Payment Assistance Programs. Please review it carefully and send the documentation required for the Program you choose together with your application. Your lender or the builder/developer should be able to assist you in providing this information.

Where to Send the Original Application and Supporting Documentation:

California Housing Finance Agency
School Facility Fee Down Payment Assistance Program
1121 L Street, 7th Floor
Sacramento, CA 95814

Mailing address:
P. O. Box 4034
Sacramento, CA 95812-4034

Section C

The Property Being Purchased

Type of Single Family Dwelling Being Purchased

Purchase Price \$ _____

☐ Condominium☐ Detached Home

Size: _____ Square Feet

Address of Property Being Purchased:

Street _____

City _____

State _____

Zip _____

County _____

Builder/Developer -- Phone: () _____

FAX: () _____

Lender -- Phone: () _____

FAX: () _____

Contact Name: _____

Company: _____

Address: _____

City _____

State _____

Zip _____

Title/Escrow Company -- Phone: () _____

FAX: () _____

Escrow

Officer: _____

Escrow # _____

Company: _____

Address: _____

City _____

State _____

Zip _____

School District(s) _____

Contact Name: _____

Company: _____

Address: _____

City _____

State _____

Zip _____

Self-Help Agency -- Phone: () _____

FAX: () _____

Contact Name: _____

Company: _____

Address: _____

City _____

State _____

Zip _____

Section D**Acknowledgement and Agreement**

The undersigned acknowledges that if the purchased property is not occupied by the original purchaser for a minimum of five years, that the Down Payment Assistance funds must be repaid on a pro rated basis to the School Facility Fee Down Payment Assistance Program at the California Housing Finance Agency. The undersigned acknowledges that this down payment assistance is applicable on a one-time basis only for the purchaser and that the purchaser may only receive assistance from one program. The undersigned also certify that the information provided in this application is true and correct as of the date set forth opposite my signature on this application.

Purchaser's Signature _____

Date _____

Co-Purchaser's Signature _____

Date _____

Section E**The Lender, Builder/Developer, Escrow/Title Company Certification**

The undersigned has examined original photo identification of each of the applicants and certify that they truly and correctly identify each applicant who has signed in Section D above.

Name of Company _____

Signature of Authorized Representative _____

Date _____

Typed or printed name and title of Authorized Representative _____

() _____

Phone _____

Section F**For CalHFA Use Only**

Program: 1 2

Amount of Assistance \$ _____

☐ Approved☐ Suspended☐ Rejected

Reviewer _____

Date _____

Supervisor _____

Date _____

Reason for Rejection or Suspension:

☐ Incomplete Application/Information☐ Ineligible School District(s)☐ Ineligible County☐ Sales Price Exceeds Maximum☐ Income Exceeds Maximum☐ Not a First-Time Homebuyer☐ Permit issued before 1/1/2002☐ No Allocation of Funds Remaining for the Program☐ Comments:

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APPLICATION SCHOOL FACILITY FEE DOWN PAYMENT ASSISTANCE PROGRAM

Section A

Assistance Program Applied for: #1 ☐ Economically Distressed Area
 #2 ☐ First-Time Moderate Income Homebuyer
 Amount of Assistance Requested: \$ _____

Section B

Purchaser Information

Purchaser's Name _____

SSN _____

Present Mailing Address

Street _____

City _____

State _____

Zip _____

Phone Numbers _____

Work _____

Home _____

Co-Purchaser's Name _____

SSN _____

Present Mailing Address

Street _____

City _____

State _____

Zip _____

Phone Numbers _____

Work _____

Home _____

Questionnaire

Yes No

Purchaser:

Do you intend to occupy the property as your primary residence?

☐ ☐

Have you had ownership interest in a property in the last three years?

☐ ☐

If yes, did you occupy the property?

☐ ☐

Co-Purchaser:

Do you intend to occupy the property as your primary residence?

☐ ☐

Have you had ownership interest in a property in the last three years?

☐ ☐

If yes, did you occupy the property?

☐ ☐

Occupants

Total number of persons who will occupy the purchased property

Purchaser

Income

Total Gross Annual Income

\$

Co-Purchaser

Income

Total Gross Annual Income

\$

Race, National Origin & Ethnicity: The following information is requested by the Federal Government for certain types of transactions related to a dwelling in order to monitor the Agency's compliance with fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that an agency may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, the Agency will note race and sex on the basis of visual observation or surname. If you do not wish to furnish this information, please check the box below.

Purchaser

☐ I do not wish to furnish this information ☐ American Indian or Alaskan Native ☐ Black or African American ☐ White ☐ Hispanic or Latino
 Asian: ☐ Chinese ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Asian Indian ☐ Laotian ☐ Cambodian ☐ Other
 Native Hawaiian or Other Pacific Islander: ☐ Hawaiian ☐ Guamanian ☐ Samoan ☐ Filipino ☐ Other

Co-Purchaser

☐ I do not wish to furnish this information ☐ American Indian or Alaskan Native ☐ Black or African American ☐ White ☐ Hispanic or Latino
 Asian: ☐ Chinese ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Asian Indian ☐ Laotian ☐ Cambodian ☐ Other
 Native Hawaiian or Other Pacific Islander: ☐ Hawaiian ☐ Guamanian ☐ Samoan ☐ Filipino ☐ Other

[Intentionally left blank]

Section C

The Property Being Purchased

Type of Single Family Dwelling Being Purchased

Purchase Price \$ _____

☐ Condominium☐ Detached Home

Size: _____ Square Feet

Address of Property Being Purchased:

Street _____

City _____

State _____

Zip _____

County _____

Builder/Developer -- Phone: () _____

FAX: () _____

Lender -- Phone: () _____

FAX: () _____

Contact Name: _____

Company: _____

Address: _____

Contact Name: _____

Company: _____

Address: _____

City _____

State _____

Zip _____

Title/Escrow Company -- Phone: () _____

FAX: () _____

City _____

State _____

Zip _____

Self-Help Agency -- Phone: () _____

FAX: () _____

Escrow

Officer: _____

Escrow # _____

Contact Name: _____

Company: _____

Company: _____

Address: _____

Address: _____

City _____

State _____

Zip _____

School District(s) _____

Section D**Acknowledgement and Agreement**

The undersigned acknowledges that if the purchased property is not occupied by the original purchaser for a minimum of five years, that the Down Payment Assistance funds must be repaid on a pro rated basis to the School Facility Fee Down Payment Assistance Program at the California Housing Finance Agency. The undersigned acknowledges that this down payment assistance is applicable on a one-time basis only for the purchaser and that the purchaser may only receive assistance from one program. The undersigned also certify that the information provided in this application is true and correct as of the date set forth opposite my signature on this application.

Purchaser's Signature _____

Date _____

Co-Purchaser's Signature _____

Date _____

Section E**The Lender, Builder/Developer, Escrow/Title Company Certification**

The undersigned has examined original photo identification of each of the applicants and certify that they truly and correctly identify each applicant who has signed in Section D above.

Name of Company _____

Signature of Authorized Representative _____

Date _____

Typed or printed name and title of Authorized Representative _____

() _____

Phone _____

Section F**For CalHFA Use Only**

Program: 1 2

Amount of Assistance \$ _____

☐ Approved☐ Suspended☐ Rejected

Reviewer _____

Date _____

Supervisor _____

Date _____

Reason for Rejection or Suspension:

☐ Incomplete Application/Information☐ Ineligible School District(s)☐ Ineligible County☐ Sales Price Exceeds Maximum☐ Income Exceeds Maximum☐ Not a First-Time Homebuyer☐ Permit issued before 1/1/2002☐ No Allocation of Funds Remaining for the Program☐ Comments:

[Intentionally left blank]

APPLICATION CHECKLIST
SCHOOL FACILITY FEE DOWN PAYMENT ASSISTANCE PROGRAM
CHOOSE ONLY ONE FOR WHICH YOU ARE ELIGIBLE

PROGRAM #1
Economically Distressed Area
Newly Constructed Home

☐ County on Current Year Eligible List

Page 2

- ☐ Application -- original
- ☐ Building Permit dated on or after January 1, 2002 (obtain from the builder)
- ☐ School District Certificate of Compliance/receipt for payment (obtain from the builder)
- ☐ Sales Contract signed by the buyer and seller showing sales price does not exceed county maximum.
- ☐ Assistance Amount Calculation: (see example below)

Total of Fees Approved under Government Code 65995, 65995.5 & 65995.7

\$_____ (A)

Less Government Code 65995 Subdivision (b) Fees
 \$_____ (B)

A minus B equals

\$_____ Amount of Assistance

Note: In this Program only a portion of the fees paid are eligible.

Example:

Total of Fees Approved under Government Code 65995, 65995.5 & 65995.7

\$ 4,950 (A)

Less Government Code 65995 Subdivision (b) Fees

\$ 1,930 (B)

A minus B equals

\$ 3,020 Amount of Assistance

PROGRAM #2
First-time Homebuyer - Moderate Income Limits

Newly Constructed Home

- ☐ No Ownership Interest in a Primary Residence in the last three years
- ☐ Application -- original
- ☐ Building Permit dated on or after January 1, 2002 (obtain from the builder)
- ☐ School District Certificate of Compliance/receipt for payment (obtain from the builder)
- ☐ Sales Contract signed by buyer and seller
- ☐ Current income verification (i.e., current paystubs identifying employer and employee, Profit and Loss Statement or Lender Verification of Employment)

☐ W-2s -- most current year

☐ 1040 Tax Returns for last three years

☐ IRS Form 4506 (See Page 17)

☐ Income is within Program limits (see Page 5)

☐ Assistance Amount Calculation: (see example below)
 Total of Fees Approved under any or all of Government Code 65995 Sub-section (b), 65995.5 and/or 65995.7 equals

\$_____ Amount of Assistance

Example:

Total of Fees Approved under any or all of Government Code 65995 Subsection (b) 65995.5 and/or 65995.7

\$ 2,000 (A) 65995. Subsection (b)

\$ 316 (B) 65995.5

\$ 0 (C) 65995.7

A plus B plus C equals

\$ 2,316 Amount of Assistance

[Intentionally left blank]

Form

(Rev. November 2005)

Department of the Treasury
Internal Revenue Service

Request for Copy of Tax Return

**► Do not sign this form unless all applicable lines have been completed.
Read the instructions on page 2.**

► Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

OMB No. 1545-0429

Tip: You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the tax return and usually contains the information that a third party (such as a mortgage company) requires. See **Form 4506-T**, Request for Transcript of Tax Return, or you can call 1-800-829-1040 to order a transcript.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
5 If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax return.	

Caution: If a third party requires you to complete Form 4506, **do not** sign Form 4506 if lines 6 and 7 are blank.

6	Tax return requested (Form 1040, 1120, 941, etc.) and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ▶	<input type="checkbox"/>
Note. <i>If the copies must be certified for court or administrative proceedings, check here.</i>		
7	Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.	
	<div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> ____/____/____ ____/____/____ ____/____/____ ____/____/____ </div> <div style="display: flex; justify-content: space-around;"> ____/____/____ ____/____/____ ____/____/____ ____/____/____ </div>	
8	Fee. There is a \$39 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to “United States Treasury.” Enter your SSN or EIN and “Form 4506 request” on your check or money order.	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> \$ 39.00 </div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 5px;"> \$ </div>
a	Cost for each return	
b	Number of returns requested on line 7	
c	Total cost. Multiply line 8a by line 8b	
9	If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here	<input type="checkbox"/>

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer.

**Sign
Here**

Signature (see instructions)

Date _____

Title (if line 1a above is a corporation, partnership, estate, or trust)

Spouse's signature

Date _____

Telephone number of taxpayer on
line 1a or 2a
()

General Instructions

Section references are to the Internal Revenue Code.

Purpose of form. Use Form 4506 to request a copy of your tax return. You can also designate a third party to receive the tax return. See line 5.

How long will it take? It may take up to 60 calendar days for us to process your request.

Tip. Use Form 4506-T, Request for Transcript of Tax Return, to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and record of account.

Where to file. Attach payment and mail Form 4506 to the address below for the state you lived in when that return was filed. There are two address charts: one for individual returns (Form 1040 series) and one for all other returns.

Note. If you are requesting more than one return and the chart below shows two different service centers, mail your request to the service center based on the address of your most recent return.

Chart for individual returns (Form 1040 series)

If you filed an individual return and lived in:	Mail to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team 310 Lowell St. Stop 679 Andover, MA 01810
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team 4800 Buford Hwy. Stop 91 Chamblee, GA 30341
Arkansas, Kansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, Texas, West Virginia	RAIVS Team 3651 South Interregional Hwy. Stop 6716 AUSC Austin, TX 78741
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nebraska, Nevada, New Mexico, Oregon, South Dakota, Utah, Washington, Wyoming	RAIVS Team 5045 E. Butler Ave. Stop 38101 Fresno, CA 93727
Connecticut, Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, North Dakota, Ohio, Wisconsin	RAIVS Team 2306 E. Bannister Road Stop 6705-B41 Kansas City, MO 64130
New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695

Chart for all other returns

If you lived in or your business was in:	Mail to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
A foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695

Line 1b. Enter your employer identification number (EIN) if you are requesting a copy of a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Signature and date. Form 4506 must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the return be sent to a third party, the IRS must receive Form 4506 within 60 days of the date signed by the taxpayer or it will be rejected.

Individuals. Copies of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506 exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506 can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506 can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506 for a taxpayer only if this authority has been specifically delegated to the representative on Form 2848, line 5. Form 2848 showing the delegation must be attached to Form 4506.

Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to establish your right to gain access to the requested return(s) under the Internal Revenue Code. We need this information to properly identify the return(s) and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN, to process your request. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506 will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 16 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506 simpler, we would be happy to hear from you. You can write to Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.

Request for Copy of Tax Return▶ **Do not sign this form unless all applicable lines have been completed.****Read the instructions on page 2.**

OMB No. 1545-0429

▶ **Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.**

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1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return <div style="text-align: center;">.</div>
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
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Caution: If a third party requires you to complete Form 4506, **do not** sign Form 4506 if lines 6 and 7 are blank.

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Note. If the copies must be certified for court or administrative proceedings, check here. ☐

7 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.

/ /	/ /	/ /	/ /
/ /	/ /	/ /	/ /

8 Fee. There is a \$39 fee for each return requested. **Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN or EIN and "Form 4506 request" on your check or money order.**

\$ 39.00

a Cost for each return

b Number of returns requested on line 7

c Total cost. Multiply line 8a by line 8b

\$

9 If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here . . . ☐

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer.

Sign Here

▶ Signature (see instructions)	Telephone number of taxpayer on line 1a or 2a ()
▶ Date	
▶ Title (if line 1a above is a corporation, partnership, estate, or trust)	
▶ Spouse's signature	Date

General Instructions

Section references are to the Internal Revenue Code.

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Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team 4800 Buford Hwy. Stop 91 Chamblee, GA 30341
Arkansas, Kansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, Texas, West Virginia	RAIVS Team 3651 South Interregional Hwy. Stop 6716 AUSC Austin, TX 78741
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nebraska, Nevada, New Mexico, Oregon, South Dakota, Utah, Washington, Wyoming	RAIVS Team 5045 E. Butler Ave. Stop 38101 Fresno, CA 93727
Connecticut, Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, North Dakota, Ohio, Wisconsin	RAIVS Team 2306 E. Bannister Road Stop 6705-B41 Kansas City, MO 64130
New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695

Chart for all other returns

If you lived in or your business was in:	Mail to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
A foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695

Line 1b. Enter your employer identification number (EIN) if you are requesting a copy of a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Signature and date. Form 4506 must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the return be sent to a third party, the IRS must receive Form 4506 within 60 days of the date signed by the taxpayer or it will be rejected.

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All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

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PLEASE BE SURE TO COMPLETE AND MAIL
AS PART OF YOUR ORIGINAL APPLICATION PACKAGE
ALL DOCUMENTS LISTED ON THE CHECKLIST (PAGE 15)

If you have any questions about completing the application,
please contact us at:

SCHOOL FACILITY FEE DOWN PAYMENT ASSISTANCE PROGRAM
California Housing Finance Agency
1121 L Street, 7th Floor, Sacramento, CA 95814

Mailing address
P. O. Box 4034, Sacramento, CA 95812-4034
1.877.9.CalHFA (1.877.922.5432)
or
(916) 445-8616
e-mail assistance@calhfa.ca.gov

The California Housing Finance Agency does not
discriminate on any prohibited basis in employment
or in the admission and access to its programs or activities.

